PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1	RPORATION ISTATEMENT	S	DEPARTMENT OF STREET OF STREET OF CORPORE			2016 JAN 28 AM 10: 07	
DOCUMENT # N14000008299 1. Corporation Name					:	TENE WANTE FOR START	
MATT TALBOT GROUP #129, INC.						·	
Principal Office Address - No P.O. Box # 3. Mailing 17709 B. JAMESTOWN WAY 1770			Office Address 9 B. JAMESTOWN WAY			CD2D081 (11/10)	
Suite, Apt.	#, etc.	Suite, Apt. #, et	ille, Apt. #, etc.		CR2E081 (11/10) 4. Date Incorporated or Qualified To Do Business in Florids 9-8-20/4		
City & State		LUTZ				Applied For Not Applicable	
⊿р 33558	558 U.S. 33		Gount 3 U.	•	6. CERTIFICA	Y	
7. Name and Address of Current Registered Agent Name BRENNAN, FRANCIS D. Street Address (P.O. Box Number is Not Acceptable) 17709 B. JAMESTOWN WAY Suite, Apt. #, Etc. City LTZ State FL 33558				500261530675 02/18/1601020010 **61.25 WIGOOOOG371 500281530675 01/28/1601019023 **236.25			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obting signature of Registered Agent REGISTERED AGENT MUST SIGN					Date		
9. Name:	ames and Street Addresses of Each Officer and/or Director (F Name of		Street Address of Each		ast 3 directors)	City / State / Zip	
CHRM	Officers and/or Directors MEYENBURG, TERRY R		Officer and/or Director 4060 55TH ST. N. #1210		10	KENNETH CITY, FL, 33709	
SEC	BRENNAN, FRANCIS D		17709 B. JAMESTOWN WAY		YAW P	LUTZ, FL, 33558	
TREA	GOLDMAN, ALBERT		15119 WILLOWDALE RD		RD	TAMPA, FL, 33625	
					<u> </u>		
10. E-mail Address: aerocat7@gmail.com (To be used for future annual report notification)							
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that lates information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PROVID HAME OF SIGNING OFFICER OF DIRECTOR Date Da							

N. Schwige / Francis D. Brennan
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3-469-893/ Daytime Phone #